

**MUI RULE OAC 5123:17:02**  
**FREQUENTLY ASKED QUESTIONS**

**Major Unusual Incident (MUI) Filings:**

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**QUESTION:** What criteria should you consider when determining reason to believe?

**ANSWER:** When determining if an MUI should be filed and there is a question of reason to believe, consider the following:

- Does the allegation meet criteria for a MUI?
- Was there opportunity?
- Is it plausible?

If reason to believe is not met, the incident should be investigated as an unusual incident by the provider, good causes and contributing factors identified and a prevention plan implemented. The Regional Manager can be contacted with any questions.

**QUESTION:** What happens if the MUI occurs between a person served and someone not served? If an incident occurs with a served individual and one not served by DD, should a Physical Abuse, Sexual Abuse, Misappropriation or Verbal Abuse MUI be filed?

**ANSWER:** Yes, since only one of the two peers is served, a Peer-to-Peer cannot be filed. In the OhioITMS, you would select PPI, Relationship Other. Instead of a DOB you can put in a number or some other place holder as the identifying information. Please note that a provider cannot supply the IA with information (name, diagnosis, services provided) about another person involved in the incident if that person is not served through the DD system. The IA should indicate in their report if this information was not able to be obtained due to these circumstances.

**QUESTION:** Which county files a MUI for a person served through a waiver, especially if the individual lives in one county, but another county is administering the waiver?

**ANSWER:** The county board who is administering the waiver would be responsible for filing the MUI and investigating and/or coordinating with the other county to ensure the investigation is completed.

**QUESTION:** If a person living in an ICF has a MUI, does the county they originally came from file it?

**ANSWER:** No, the county in which the facility is located is responsible for the filing and investigating of the major unusual incident. The MUI provider should be listed as the specific facility. (i.e. Brown Street Home.)

**QUESTION:** Are Remote Support providers (if only service offered) required to report UIs and MUIs?

**ANSWER:** Yes, they would be required to fill out an incident report and report any MUIs according to rule.

**QUESTION:** Is the Homemaker Personal Care (HPC) provider responsible for reporting UIs/MUIs that occur during periods when the plan specifies Remote Supports are in place?

**ANSWER:** No, the Remote Support provider is responsible for reporting UI/MUI's when they are the provider of service.

**QUESTION:** Are Remote Support providers responsible for completing Unusual Incident logs and MUI annual reviews?

**ANSWER:** Yes, a Remote Support provider is responsible for the same requirements as any other certified provider for incidents occurring at the time, they are providing services. The provider at the time of the MUI is

required to notify all providers of services to ensure continuity of care and support for the individual.

**QUESTION:** If an individual is the victim of Human Trafficking (could be captured under many MUI categories), how should I file?

**ANSWER:** We ask that you file the MUI as Exploitation/Human Trafficking. As in many of these cases the victim unfortunately experiences exploitation, abuses, and other traumas, but we believe exploitation best captures this. If the PPI is determined to be a paid provider, please contact your Regional Manager for further consultation. We may bump up the category to Abuse for Registry purposes.

**QUESTION:** Would you file a MUI if an individual is trying to harm themselves/others with silverware and the DSP (Direct Support Professional) decides to lock up silverware to immediately ensure health and wellness, but this intervention is not addressed in the person's plan.

**ANSWER:** No, this would not be filed as a MUI because there is no risk to health and welfare for locking up silverware. This should be documented as an UI and addressed with the team.

**QUESTION:** Please clarify what "Around the Clock" services means in reporting of MUIs in D (1)-(3) of the rule?

**ANSWER:** Around the clock services refers to an individual who lives in a home where DSP support is scheduled 24 hours a day, regardless of if the individual has alone time. If an individual receives around the clock services, then you would file the MUI no matter where the incident occurred. All individuals living in an ICF, or Shared Living setting receive 24-hour care.

**QUESTION:** Which county files the MUI in a case where an individual moves to another county and then makes an allegation about something that occurred prior in their previous county?

**ANSWER:** In cases where an individual moves residence, the county funding for the person would file and investigate the MUI's even if the allegation is to have occurred in another county while the person was residing there. The expectation is that the other county board would provide assistance to conduct the investigation.

**QUESTION:** How would you file an incident when an individual is a pedestrian and is hit by a car? The car is driven by an unknown party and may be the result of impaired or distracted driving.

**ANSWER:** If the definition of Significant Injury is met and the person is not hospitalized, please file a MUI for Significant Injury (known)-accident. If hospitalized, please file one MUI with both categories including Significant Injury and Unanticipated Hospitalization.

**QUESTION:** How would you file an incident when an individual is a passenger/driver of a car that is in an automobile accident? The driver of the other car is at fault (impaired, ran light or stop sign, distracted) and the individual is Significantly Injured?

**ANSWER:** If the definition of Significant Injury is met and the person is not hospitalized, please file a MUI for Significant Injury (known)-accident. If hospitalized, please file an Unanticipated Hospitalization.

**QUESTION:** Should an UHS be filed if an individual is hit by a car, regardless of if it is a hit and run or an accidental incident?

**ANSWER:** Yes, file an UHS, Accidental/Suspicious Death or other related MUI. However, please do not file a Physical Abuse even in cases of suspected hit and run incidents.

**QUESTION:** Would the investigation initiation date ever come before the discovery date/time?

**ANSWER:** The initiation date/time (when you commence investigation) should always be on or after your discovery date, which is when the county board determines it to be a MUI.

**QUESTION:** What is the county board discovery date for a MUI? Is it when the provider notifies the county board through their hotline system or is it when the county board receives the incident report by 3pm the next working day following the initial knowledge of the MUI?

**ANSWER:** If the county board receives notification of a MUI through their on-call system and they know it meets the definition for a potential MUI then this is their discovery date. The county board should contact the provider if there is health and welfare concerns, or they can gather that information and determine if the incident is a MUI when they receive the UI by 3pm the following working day. The county board should never wait past 5pm the following working day. If the provider has not sent in an incident report, the county board should file with the information received from the on-call system.

**QUESTION:** Does the order that you enter the categories matter for MUIs with multiple category types? For example, should Neglect be listed first if it is contributed to a Peer-to-Peer incident?

**ANSWER:** No, the order does not matter. All categories will be captured in that MUI.

**QUESTION:** How would you file if a person Attempted Suicide by cutting their wrist and was hospitalized. Would you include Significant Injury, Suicide and UHS on the MUI?

**ANSWER:** Yes, if the criteria for all three categories are met, then all three would be included. DODD would want each category that is met based upon the scenario to be added.

**QUESTION:** Do we need to file an Attempted Suicide (that meets rule criteria), if an individual has a history of Attempted Suicide and it is outlined in their ISP,

**ANSWER:** Yes, all Attempted Suicides that meet rule criteria must be reported as MUIs even if covered in someone's plan.

**QUESTION:** What should you do if you identify another MUI category during an investigation (i.e. Neglect, Abuse, etc.) with the same PPI/situation?

**ANSWER:** You would add that category to the current/open MUI investigation category section and update the PPI section as applicable. Additionally, you would enter an interim report in the comment section to explain the newly added category.

**QUESTION:** If I am investigating multiple categories (Verbal and Physical Abuse) but only substantiating one should I just include the one I am substantiating?

**ANSWER:** No, you should include all categories (Verbal and Physical Abuse) you investigated and complete the dispositions for all.

**QUESTION:** If an Unanticipated Hospitalization (UH) was filed and the individual passed away while the UH case was open, do you add a Death category to the UH MUI?

**ANSWER:** Yes, you would add a Death category to the MUI. OhioTMS will populate the required data fields based on the categories selected. If you chose UH and a Non-Accidental Death, it will be required to complete those areas to close the MUI. You will also need to make sure the investigation report includes

all the information required (located in the Appendices) for that type of investigation(s).

**QUESTION:** If the UH MUI is still open, but the individual is discharged and the individual passes away at home, would you still just add the Death category to the open UH MUI?

**ANSWER:** If the hospitalization MUI has not been closed, then you can add the Death to the open MUI for hospitalization. Please remember to add the Death category. Also, notify the Regional Manager, Kristie Overton, and Roxane Smith by email to inform them of the change in status. If the Unanticipated Hospitalization MUI has been recommended for closure, please open a new MUI for the Death.

**QUESTION:** What if you are not sure the Death is related to the hospitalization? Upon intake that information is not always known. Would you open a second MUI if you are not sure if they are related?

**ANSWER:** You could add the death to the open Unanticipated Hospitalization regardless of the cause as sometimes diagnosis during the hospitalization is an underlying cause of the death.

**QUESTION:** Will there be additional information needed when there are multiple categories on one MUI, especially those involving deaths.

**ANSWER:** No, there will be no additional information required. The requirements for each type of MUI, including deaths, has not changed. The only difference will be that all the information for the multiple categories will be included in one MUI, when appropriate. (All required protocol elements should be met for those categories included in the report.)

**QUESTION:** Would you file one MUI if there is a Medical Emergency and related Death like choking?

**ANSWER:** Yes, if a person choked and abdominal thrust were completed, and the individual died, you would have one MUI with two MUI categories (Medical Emergency and Accidental Death).

**QUESTION:** Can you explain when a "not served" MUI should be filed?

**ANSWER:** When a person is known to be eligible for services and/or when a person has received county board services in the past, but no longer does, and a DD entity becomes aware of an incident that would meet criteria for filing, the county board should enter as a person "not served". A complete MUI investigation is not required for a "not served" MUI. The County Board should enter in as much information as known at the time of the entry. As there is no requirement for an MUI investigation to be completed, the County Board can close this MUI. A "not served" MUI entry will help with tracking incidents if this person decides to receive services in the future. It is recommended that if the county board hears of an incident occurring and the person is currently not receiving services, to attempt a health and welfare check via in person or via phone and discuss if services is something of interest at this time based upon the situation that occurred. If the person does start receiving services resulting from the "not served" incident, DODD may decide to switch the incident over to a MUI. The county board should update the Regional Manager and OhioITMS of any additional information.

**QUESTION:** There may be different discovery dates based on having multiple categories. How do we capture that?

**ANSWER:** The County Board/Developmental Center discovery date listed on the front screen of OhioITMS, would be the date the county board became aware of the first MUI allegation. If you became aware of other categories through your investigation that are added to that MUI, you would indicate those dates in your investigation report. If the additional category is a Death, please add the actual date of death in the box

provided.

**QUESTION:** How does adding new allegations categories to an open MUI affect the final due date?

**ANSWER:** The due date will be calculated on the discovery date of the first MUI category filed. Due dates will not be automatically changed when categories are added. Please enter an extension request, if one is needed. We understand that extensions may be required for involved cases, such as Unanticipated Hospitalizations and Deaths.

**QUESTION:** If a person's diet is not followed and this is known immediately can we file one MUI; with two categories- Neglect with a Medical Emergency (if Abdominal thrust were done). Historically we have filed two MUIs?

**ANSWER:** Yes, you can file one MUI with two categories-Medical Emergency and Neglect.

**QUESTION:** Is there an expectation to have an Alleged Neglect in the cases in which Neglect should be considered?

**ANSWER:** No, you would only file or add Neglect if Neglect is alleged, suspected, or occurred.

**QUESTION:** Would you expect to see a Category B investigation summary when you have a MUI for Unapproved Behavioral Supports (UBS) and Unanticipated hospitalizations?

**ANSWER:** You should continue to conduct investigations, utilizing the appendices and forms as applicable.

**QUESTION:** If one of the MUI categories is a Category B and the other categories are Categories C cases, would you complete a full report or use the Category C forms?

**ANSWER:** You would complete all necessary information per the appendices requirements. Category C forms are not required, but a tool to help the providers and SSAs provide needed information to the Investigative Agent conducting the investigation.

**QUESTION:** How will the multiple allegations affect the final notification letters?

**ANSWER:** If it is possible to include multiple MUIs into the final notification letters (without breaching confidentiality of individual and staff), you may do so. If not, please complete separate letters. Your file for that MUI would contain all summary letters sent. Separate summary letters will be required for individuals involved in Peer-to-Peer or group MUIs.

**QUESTION:** When there is an unknown PPI, will we need to type the word "Unknown"?

**ANSWER:** No, you would select "Unknown" under the PPI relationship pick list.

**QUESTION:** If it is discovered that 2 separate MUIs were filed, but were related- should those at some point be combined or left alone in the OhioITMS?

**ANSWER:** If they were filed separately, we will keep it that way, but would remind those entering MUIs to be mindful of the ability to combine MUIs as applicable.

**QUESTION:** Are the Special Olympics staff required to report MUI's?

**ANSWER:** Any Special Olympics' administrator, board member, or other paid employee is required to make a report, as defined in section R.C. 5123.50. In addition, under R. C. 5123.61, the position of volunteer is not a mandated reporter and under R. C. 5123.61(F) the volunteer "may" make a report. However, if a "volunteer"

holds any of the positions listed in R. C. 5123.61(C)(2)(c), such as a schoolteacher, employee of a county board of developmental disabilities, administrator, board member of employee of a residential facility, or employee of any other public or private provider of services to individuals with a developmental disability, the "volunteer" would be a mandated reporter, even though they are "volunteering" for the Special Olympics.

**QUESTION:** Are the Special Olympics staff required to be trained on MUIs?

**ANSWER:** No, the annual training requirement in the MUI rule does not apply to the Special Olympics staff and/or volunteers.

**QUESTION:** I submitted an extension request on a case, and it was denied. What are appropriate reasons for extensions?

**ANSWER:** Some acceptable reasons for extension requests include:

- An outside entity is involved in the investigation and this involvement requires that the MUI investigation remain open longer than 30 working days.
- The investigation involves numerous interviews and can only be interviewed outside of the allotted timeframes.
- The investigation uncovered additional allegations that require future follow up causing a need for the timelines to be extended.
- A key witness is unavailable to be interviewed and can only be interviewed outside of the allotted timeframes.
- The investigators have to wait for documentation (medical records, autopsy reports, death certificate, fiscal reports, etc.) in order to complete the investigation.

Common reasons extensions are denied:

- Multiple extension requests were being made on the same case with no progress noted.
- No extension updates were provided.
- Need additional time for review by County Board (from COG).
- Need additional time for Supervisor or Director's review of report.
- The reason for extension was not investigation specific or did not provide a good cause.
- The Investigator has been out of the office a lot.
- The Investigator will be on vacation.

Please be mindful when requesting an extension to include:

- How the health and welfare of the individual is being ensured while the case is still open/or while waiting for a prevention plan.
- Last date of contact with the entity IA is waiting for information – such as law enforcement, CSB, hospital etc.
- The status of the investigation (such as perceived outcome, where IA / outside entity is in their investigation etc.).

**QUESTION:** How would you file MUIs for youth in different settings?

**ANSWER:** You would review the setting and applicable laws/rules to determine reporting requirements in each setting. Applicable laws and rules include:

- ORC 5123.50 (I) "Specialized services" means any program or service designed and operated to serve



primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department of developmental disabilities. A program or service available to the general public is not a specialized service.

- ORC 5123.61 Reporting Abuse, Neglect, and other major unusual incidents
- OAC 5123-17-02 MUI Rule
- OAC 5123-2-06 Behavior Support Rule

It should be noted that specialized services are not limited to DODD certified/licensed providers but apply to those that provide specialized services to people with developmental disabilities. Using this guidance, we have provided a couple examples below. For additional questions, please contact your Regional Manager.

#### County Board operated schools

- Required to follow MUI rule except for Unapproved Behavioral Support. County operated school will follow Ohio Department of Education (ODE) reporting requirements for Unapproved Behavioral Support and exempt through the Behavioral Support rule.
- In cases of Abuse and Neglect, county board operated schools are required to report to their MUI staff per County Board policy and Children's Services.

#### Non-county board operated schools, including charter schools

- Not required to follow MUI reporting requirements as they are under ODE's reporting requirements.
- However, if a DD employee (mandated reporter) becomes aware of Abuse or Neglect occurring at a non-county board operated school, they are required to report it to the county board MUI department. A MUI will be filed.

#### Nursing Home (serving individual with DD)

- Not required to follow MUI rule requirements as they are required reporters under ORC 5123.61.
- Under ORC 5123.61 Nursing Homes are required to report Abuse and Neglect of a person with IDD to the county board of DD or law enforcement.
- They are required to follow requirements per Ohio Department of Health regulations.

#### Private Duty Nursing (PDN) serving individual with DD

- Not required to follow MUI rule requirements as they are required reporters under ORC 5123.61.
- Under ORC 5123.61 Nursing Homes are required to report Abuse and Neglect of a person with IDD to the county board of DD or law enforcement.
- They are required to follow requirements per Ohio Dept of Medicaid regulations.

**QUESTION:** Are the Early Intervention (EI) staff mandated reporters for Abuse and Neglect?

**ANSWER:** Depending on how they are employed dictates their reporting requirements and to whom.

- For county board employed EI staff, they are required to notify CSB and follow the MUI rule. ORC 5123.61 would apply.
- If EI staff is not employed by a county board or certified provider, they are still required to report Abuse/Neglect under ORC 5121.421. So, they would report to CSB and communicate with the board, who would seek additional information and determine if an MUI should be filed.
- Either way there should be communication with the SSA and MUI team in the child's best interest.

**QUESTION:** As a parent, who also may be guardian, why do I sometimes get different notifications from the County Board and Children Services during the course of an investigations?

**ANSWER:** Parents may receive different notifications, from different agencies, who were involved in the investigation regarding their child. Some letters may come from the County Board of DD while other notifications may come from the Children's Service Board. When an incident of Abuse or Neglect involves a child, the provider or county board is required per (5123-17-02 (F), to ensure, "All allegations of Abuse or Neglect as defined in sections 2151.03 and 2151.031 of the Revised Code of an individual under the age of twenty-one-years shall be immediately reported to the local public Children Services Board (CSB)."

When the Children Service Board is involved and investigating, they are the lead investigating entity. The county board of DD investigating entity will continue to follow-up with the Children Services entity on the investigation and ensure all required notifications occur. Below is some information about the different notifications and what information you might receive. Any specific questions should be directed to the investigating agency.

- OAC 5123-17-02 (G)(1)(A-D) is the initial notification by the county board of DD and/or provider. When a major unusual incident occurs, the provider and the county board should ensure the appropriate persons have been informed. "The notification shall be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken. (A) Guardian or other person whom the individual has identified. (B) Service and support administrator serving the individual. (C) Other providers of services as necessary to ensure continuity of care and support for the individual. (D) Staff or family living at the individual's residence who have responsibility for the individual's care."
- (5123-17-02 (J) (4)) is the PPI notification, which states, "when the primary person involved is a developmental disabilities employee or a guardian, the county board shall, no later than five working days following the recommended closure of a case, make a reasonable attempt to provide written notice to the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded."
- If the parent was not the primary person involved, they may be referencing the summary letter the county board sends when a MUI case has been recommended for closure by the county board. This letter provides the findings of the case, disposition of the case, along with preventative measures implemented and assists with communication to ensure all required parties are aware of the outcome. This summary letter is referenced in the MUI Rule (5123-17-02 (J) (1)), which includes, but is not limited to, this letter being sent to the individual or individual's guardian.
- For MUI/cases involving CSB as the lead investigatory entity, the county board IA should try and gather as much information as possible from the CSB Investigator or assist as requested. At times, CSB will close their case which would prompt the County Board to close their case and a notice to be sent.

**QUESTION:** Do I need to add LE or Children Services in OhioITMS if either of these entities are investigating the allegation?

**ANSWER:** Yes, these entities need to be captured. Please be sure to add which entity is involved when opening the MUI ("other entity involved") so the entities findings of the investigation can be included. If this is not added, the OhioITMS will not prompt the person entering the information to add the outside entities finding.



**QUESTION:** Sometimes we may have a different disposition than CSB....how should that be documented?

**ANSWER:** OhioITMS has two sections for substantiations on the Actions Tab. The one on the top is for the MUI substantiation (administrative investigation) and the second is for CSB lead investigation findings. In some cases, the findings may be different, and you can note there. Please ensure if CSB is the lead entity, to also include CSB as the Investigator (along with the CB IA), so the actions tab will populate to add the CSB findings.

**QUESTION:** Should we file a MUI for a Child Abuse Prevention Treatment Act (CAPTA) regarding children who are being referred to the Help Me Grow (HMG) Central Coordination sites via the CBDD when the CBDD holds the HMG Central coordination site contract if CSB is involved?

**ANSWER:** The Department's opinion regarding these situations is that a report has already been made to the Children Service Board (CSB) (primary investigative entity) and the case investigated appropriately. It would not be necessary to report this as a MUI through the Ohio Incident Tracking and Monitoring System (OhioITMS) as the child is not yet known to the board and the primary investigative entity (CSB) has been involved. Once the individual has been deemed eligible and is in receipt of county board services then any subsequent allegations meeting MUI criteria would be required to be reported and a MUI filed and investigated appropriately.

**QUESTION:** Is a Family Resources provider considered a provider, for purposes of the MUI Rule?

**ANSWER:** Yes, O.R.C. 5126.11 creates the family support services program. It allows the board to make payments to an individual or the family with an individual who desires to remain in and be supported in the family home. Payments are made in the form of reimbursement for expenditures or in the form of vouchers to be used to purchase services. Under the statute the director is to adopt rules to establish the program. The rule is Ohio Administrative Rule, 5123:2-1-09. Under the MUI rule, 5123-17-02, the definition of provider would include the Family Resource Program. Additionally, if an individual receives Family Resources, even if this is the only service provider, the individual is still considered served for MUI purposes.

**QUESTION:** How would you file a MUI when a staff allegedly directs an individual to hit a peer?

**ANSWER:** If staff directs an individual to hit a peer, we will file these as Neglect MUI and the staff person would be listed as the PPI.

**QUESTION:** How would you categorize the MUI if a staff member has a gun around an individual?

**ANSWER:** If a staff points a gun at an individual, we will categorize the MUI as Physical Abuse. If the staff member has the gun/taser unsecured in the vicinity of the person, we should consider a category of Neglect. Threatening harm with a gun/taser, we will categorize as Verbal Abuse.

### **Investigations/Immediate Actions**

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**QUESTION:** Is an agency required to place a staff on administrative leave for every case of Abuse, Neglect, or Misappropriation?

**ANSWER:** No, the removal of an employee is only required for Physical and Sexual Abuse allegations. (D)(4)(b) states that removal of an employee from direct contact with any individual when the employee is alleged to have been involved in Physical or Sexual Abuse until such time as the provider has reasonably determined such removal is no longer necessary. Removal of an employee is not required for Neglect allegations: however, a provider may determine that removal is appropriate based on the seriousness of the

allegation. Immediate actions to protect “at risk” individual(s) can include many actions such as immediate retraining, removal from specific duties (i.e., medication administration, driving, money management), additional oversight, random visits by management, daily check-ins with the individuals, not working alone, or administrative leave.

The provider and county board shall discuss any disagreements regarding reasonable measures (including placing an employee on leave) in order to resolve disagreements. If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department shall make the determination. Once immediate actions have been agreed upon, the provider is responsible for notifying the county board or department when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.). The MUI rule requires that “when a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the county board or department, as applicable, shall keep the provider informed of the status of the administrative investigation so the provider can resume normal operations as soon as possible, consistent with the health and welfare of at-risk individuals.

**QUESTION:** If an independent provider is alleged to have been involved in a Physical or Sexual Abuse allegation, do they have to be removed from direct contact?

**ANSWER:** Yes, independent providers are considered DD employees for the purpose of the rule. Independent providers should be immediately removed from direct contact for the individual(s) and their protection. The independent provider should cooperate with the investigation. The county board, in consultation with the independent provider, shall determine when removal is no longer necessary. If the county board and the provider cannot agree, the Department can be consulted.

**QUESTION:** Can an Investigative Agent (IA) accept the investigation of a waiver provider for a MUI?

**ANSWER:** No, the rule only allows the IA to accept an investigation from an ICF if it meets all requirements of the rule. An IA must conduct all MUI investigations that involve a waiver provider. An agency provider can conduct an internal review of the incident (H)(7) but must submit the results of its internal review (with documents and statements) to the county board within fourteen days of the agency becoming aware of the incident.

**QUESTION:** Can a county board accept an investigation completed by a probate court, Ohio Department of Health, or some other entity in the same manner that they can accept a law enforcement investigation?

**ANSWER:** The MUI Rule allows the county board to accept investigations completed by the police and/or Children Service Boards. The rule does not allow for the county board to accept an investigation completed by a probate court investigator, Ohio Department of Health, or some other entity. However, information provided by a probate court investigator may be included in the investigation report completed by the county board. The probate court as the superior guardian should be notified if the Primary Person Involved in the investigation is the guardian appointed by the court. This notification allows the court to be involved if the actions of the guardian are in question.

**QUESTION:** Does the guardian need to be notified when an individual with a court appointed guardian needs to be interviewed as part of an investigation?

**ANSWER:** When a person has a guardian, the guardian should be contacted to give permission for the person to be interviewed as part of the investigation. This allows the guardian to assist the person with the interview

and to help protect their legal rights. The outcome of some investigations could potentially result in adverse legal actions for the person, so it is important for the guardian/person to give informed consent for the person's participation. If the person needs to be interviewed more than once, the guardian should be notified of the need for the additional interview, and consent should be obtained for each follow-up interview.

Many county boards have a positive and beneficial relationship with the law enforcement entities in their county. These relationships have directly resulted in positive outcomes for people with disabilities served. It has also resulted in some joint investigations, or with county boards initiating investigations at the direction of the police to see if there is actually any potential crime that may have been committed. This can blur the lines regarding function of the investigative agent, so it is important for the guardian/person to understand the relationship and the roles of the different professionals involved.

**QUESTION:** Will the county board be out of compliance if a guardian delays interviews, outside of the 3- day interview requirement for Category A investigations?

**ANSWER:** The county board will not be found out of compliance if documented attempts to notify the guardian are made within 3 days of discovery are available. Please include in the final report why the interview was not conducted within 3 days.

**QUESTION:** If the guardian refuses to let us speak with the person served, we just document that and move on? How does that affect the rest of the investigation steps/requirements?

**ANSWER:** Correct, please document. The IA would make their disposition on what evidence they have as they normally would.

**QUESTION:** What do we do if LE tells us not to alert the guardian or they disregard this whole request for joint investigations? In some cases LE has told us they do not need to get guardian permission for adult interviews & often want us involved with those initial interviews.

**ANSWER:** If LE doesn't want to do a joint investigation, there is nothing we can do. IAs are certified to conduct administrative investigations and have to follow code and guidance accordingly. LE can proceed how they see fit but we should not be interviewing an individual with police without consent. These are the cases that could have legal implications for individuals, and they have a guardian because they have been deemed in need of representation by the court. If there are specific circumstances like the guardian is the PPI, then that is different and can be discussed at that time.

**QUESTION:** What do we do if the guardian is the PPI, or is in the suspected pool of PPIs?

**ANSWER:** If the guardian is the PPI, you may proceed without obtaining their permission (Rule notes the PPI is not to receive notification so this will fall under that language). If the guardian is in the suspected pool of PPI's, we would ask that you use your best judgement and document if you did not obtain permission and why.

## **Appendix C Case Forms:**

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**QUESTION:** What is the timeline requirement if the SSA completes the Appendix C forms for the IA or MUI Contact?

**ANSWER:** Best practice is that the Appendix C form be completed and returned to the IA or MUI Contact no later than 14 days from the date the MUI was filed. Local agreements may be determined here as there is no specific rule requirement.

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### Intermediate Care Facility (ICF/IDD) Investigations:

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**QUESTION:** How should the county board address their concerns when an ICF is interviewing and investigating a case when law enforcement is the lead?

**ANSWER:** The county board can contact the Department if they have concerns. They can accept their investigation once completed or seek additional information if needed as they would in any other investigation.

**QUESTION:** How long does an ICF have to submit a copy of their full report of an administrative investigation?

**ANSWER:** It is best practice that an ICF provide their report to the county board within 14 calendar days.

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### Secondary Notifications:

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**QUESTION:** Can the county board notify a provider that their new DSP was involved in a previous MUI?

**ANSWER:** No, secondary notifications should only be made when law enforcement is actively involved in the investigation. Then, the department may provide notification of the incident to any other provider, developmental center, or county board for whom the PPI involved works, for the purpose of ensuring the health and welfare of any at-risk individual. If your county has a concern regarding a DSP who has a known history as a Primary Person Involved (PPI) or if this PPI is now trying to become an Independent Provider, please contact your Regional Manager.

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### Unapproved Behavioral Supports:

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**QUESTION:** If a person has an UBS (pending intervention approval) and then have another UBS while the first UBS MUI is open and within 30 calendar days, does a new MUI need to be filed?

**ANSWER:** No, another MUI does not need to be filed, but if the county board uses the Category C form, another Category C form should be completed and provided to the county board. If another UBS occurs after 30 calendar days (even if the other MUI is still open), a new MUI should be filed for UBS.

**QUESTION:** Please explain the risk to holding someone's hands that is trying to self-injure and does this need to be filed as an Unapproved Behavioral Support?

**ANSWER:** If the DSP involved can hold the individual's hand, guide and escort without resistance then there may not be a need to file a MUI for an UBS. If the DSP needs to hold the individual's wrist and put pressure on the hands or wrist area due to the resistive behavior of the individual, then we would ask that a MUI be filed as there would be a risk of injury.

**QUESTION:** An individual goes to see their physician and blood work is needed. The individual is upset and nervous and starts to move which makes it unsafe to draw blood. The medical professional asks the DSP to hold the individual's arms and hands down to complete the blood draw, is this a MUI?

**ANSWER:** When DSP put their hands on an individual without a BSP and the individual is resistant to this a MUI should be reported. Holding someone against their will is an aversive strategy and due to the resistance, this puts the individual at risk and a MUI should be filed.

**QUESTION:** Is it a MUI if an individual has tremors and is not physically able to hold their arm still for a blood draw and DSP holds their arm still for the procedure?

**ANSWER:** No, it is not a MUI if the individual is physically unable to hold still and need DSP to hold their arm still.

**QUESTION:** If an individual is afraid of needles and requires a shot and they ask the DSP to help them, is it a MUI if the DSP holds them down?

**ANSWER:** No, it is not a MUI if the individual has chosen to have DSP help hold them during a medical procedure.

**QUESTION:** Are there special considerations when investigating a prone restraint?

**ANSWER:** Yes, given that prone restraints are banned, and pose a potential of serious harm each time utilized, the IA should thoroughly investigate each case as an Unapproved Behavioral Support MUI. The IA should determine through interviews, records, and other evidence whether the force appeared excessive in relation to the circumstances, or whether an alternative means of intervention might reasonably have been utilized. If this is determined, the allegation should be reclassified as a Physical Abuse allegation, with the investigation completed in compliance with the Appendix A protocol.

In each instance, in which the incident is investigated as an Unapproved Behavioral Support, the IA should explicitly detail the basis on which Physical Abuse was ruled out. In any case, the immediate actions should include medical assessment and immediate retraining of staff. If the individual places themselves in a prone position, staff should immediately release the hold.

**QUESTION:** Should a MUI be filed for UBS for pulling an individual away from others in a chair or is holding a wheelchair or pulling a wheelchair against a person's will an UBS MUI? What about locking the wheelchair or turning the wheelchair off?

**ANSWER:** Yes, if you need to pull the individual away from an incident while they are in their wheelchair, then that is the same as an escort with resistance. Questions to keep in mind would be: is the individual resisting while you're pulling the chair? Are you tipping the chair back, so they can't resist? Are you holding their hands, so they can't resist? If you need to move a person in a wheelchair due to the aggression of others and they cannot move themselves, then that is not an UBS. Turning off the wheelchair when the person cannot turn it back on would be considered an UBS and should be filed. Yes, the wheelchair is a part of the individual's ambulation and restricting this would be considered an UBS.

**QUESTION:** If a DSP person is transporting an individual in a car and engages the child safety locks (on door latch) to prevent the person from exiting while car in motion, is this considered a MUI?

**ANSWER:** No, this would be an UI and not a MUI because of the risk for the individual. We would suggest that the team review the individual's plan to ensure all needed supports are included, and DSP are trained.

**QUESTION:** How would I file/investigate if an individual was hit by a car, hospitalized and later passed as a result?

**ANSWER:** The initial categories in OhioITMS would be: Significant injury, Unanticipated Hospitalization and Accidental Death. The IA would investigate all the categories and make sure the report addresses the appendix requirements for each.

**QUESTION:** If a person's plan states the individual can only be restrained for 2 hours and the individual is restrained longer than the plan allows, is this considered a MUI?

**ANSWER:** Yes, when the hold goes outside of the plan a MUI needs to be filed for Unapproved Behavioral Supports (UBS).

**QUESTION:** Would you consider a bite release, and/or a hair pull release a UBS?

**ANSWER:** Yes, we would consider both interventions as UBS if not in a team approved plan. Both interventions require force to be applied in order to release the individual's hand from the hair/scalp or mouth and would involve risk of harm to the individual.

### **Failure to Report:**

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**QUESTION:** Is it possible to have a Failure to Report MUI with the PPI as unknown or systems?

**ANSWER:** No, the definition of Failure to Report means a person, who is required to report, has not done so therefore, the PPI in a Failure to Report allegation cannot be a system or unknown. During the course of your investigation, you may identify concerns with a provider's reporting systems and those should be addressed through the prevention plan.

**QUESTION:** Could you explain the difference between Failure to Report and Late Reporting?

**ANSWER:** Both Failure to Report and Late Reporting involve not reporting a MUI per the MUI Rule timelines. The difference involves whether the lack/late reporting placed an individual at continued risk.

Failing to Report is when:

- A person who has reason to believe an individual has suffered or faces substantial risk of suffering any wound, disability, or condition of such a nature as to reasonably indicate Abuse, Neglect, Misappropriation, or Exploitation that results in a risk to health and welfare of that individual, and
- Did not immediately report and
- The lack of reporting placed the person(s) at continued risk.

If the PPI took action to assist the individual and prevent further physical harm or substantial risk of harm, but simply forgot to report the incident within the required timeframe, then this would be a late report.

An example is a staff was told by an individual that his father hits him. The staff does not report and puts the individual on the bus to go home to his father. This would be a MUI Failure to Report. The individual is still at risk.

In the same example, the staff does not report timely and instead the individual does not see his father because his father is away on business for 2 weeks and will not have any contact with the individual. This is an example of a Late Report and not a MUI. You should assess ongoing risk, actions, and timeliness when making the determination.

### **Significant Injuries:**

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**QUESTION:** Does the size of a 2<sup>nd</sup> or 3<sup>rd</sup> degree burn matter when filing a Significant Injury?

**ANSWER:** All 2<sup>nd</sup> and 3<sup>rd</sup> degree burns should be filed as Significant Injury MUIs. Generally speaking, burns that result in blisters could be considered a 2<sup>nd</sup> or 3<sup>rd</sup> degree burn.

**QUESTION:** What does immobilization mean? Does this include a splint, bandage wrap and buddy tape?

**ANSWER:** We consider Immobilization to be medical equipment ordered by a physician or physician's assistant, such as an air cast, large splint, or a sling. You do not need to file a MUI for bandage wraps or buddy tape used to tape two fingers/toes together when the injury does not result in a broken bone. Any broken bones would require a Significant Injury to be filed.



**QUESTION:** An Individual is found lying on the floor by their bed when DSP enters the room. The Individual claims they tripped on the rug and fell. The Individual reports he broke his wrist when he tried to break his fall. The injury was not witnessed by anyone so is this considered an Unknown Injury?

**ANSWER:** No, this should be considered a Significant Injury of Known Origin. It should be entered into the OhioITMS dropdown box this way since the individual is telling DSP how the injury occurred.

**QUESTION:** Do you file a MUI if an individual falls and their teeth are knocked out or the teeth are pushed into the Nasal Cavity and surgery is required?

**ANSWER:** If a dental injury occurs due to a fall and requires treatment from a dentist, then the risk is high enough, please file a MUI under the Significant Injury category.

**QUESTION:** Would you file a Significant Injury MUI for someone who had a laceration that required glue and/or adhesive to close the wound?

**ANSWER:** No, injuries that require glue and/or adhesive, regardless of size, would be considered an UI and investigated by the provider. The prevention plan should address causes and contributing and medical follow up. Please contact your Regional Manager to consult or if you have questions.

#### **Peer-to-Peer Acts:**

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**QUESTION:** How would you file an incident in which there was an allegation of physical act involving a parent and a child, when they both receives services?

**ANSWER:** You would file a Peer-to-Peer Physical Act and the focus should be on prevention and needed supports for the family.

**QUESTION:** Will there be a prevention plan noted for each individual in a Peer-to-Peer act?

**ANSWER:** Yes, there will be a prevention plan for each individual listed.

**QUESTION:** Should there be different written summary letters for each peer involved in a Peer-to-Peer act?

**ANSWER:** Yes, in many cases, there may be different recommendations and preventative measures for each individual. There may be information about one of the involved peers the other individual's guardian should not receive, as it would be considered confidential.

**QUESTION:** Are Peer-to-Peer Acts filed as a group MUI?

**ANSWER:** Yes.

**QUESTION:** Is there a place to document injuries from Peer-to-Peer acts in OhioITMS?

**ANSWER:** Yes, an injury can be added for all individuals involved.

**QUESTION:** Is a punch to the head for Peer-to-Peer Act a MUI if there is no injury?

**ANSWER:** No, if there is no injury, this would not be a Peer-to-Peer incident.

**QUESTION:** What if the individual says their head hurts where they were punched?

**ANSWER:** Yes, if the individual's head or neck hurts or the force is severe enough to require the individual be taken to the hospital for examination.

**QUESTION:** Do we determine if a Peer-to-Peer Act is criminal?

**ANSWER:** Please review with your Regional Manager or with your law enforcement contact if you have questions.

**QUESTION:** What if the peer stole \$25 and when asked the peer said, "You got me. I took it", and returns it before a MUI is filed? Do you have to file a MUI?

**ANSWER:** Yes, please file a MUI as this still meets the requirement by rule.

**QUESTION:** If \$25 is missing from an individual and you suspect an individual of taking it, should you file a Peer-to-Peer or a Misappropriation with unknown PPI?

**ANSWER:** Unless the act was witnessed, you should file as a Misappropriation with an unknown PPI. If it is later determined to be a Peer-to-Peer act, then you can change the decided category.

**QUESTION:** Will we be able to enter both peers' providers if they are different?

**ANSWER:** Yes, there is the ability to select multiple Incident and Residential Providers.

**QUESTION:** How would I file a Peer-to-Peer if the peers reside in different counties.

**ANSWER:** Each county would file a Peer-to-Peer MUI for the person they serve.

**QUESTION:** Do you take age into consideration when it comes to P2P?

**ANSWER:** Yes, you should consider age. For example, if two 4-year-old boys at a county board operated school bite each other, this would be considered a UI, due to the fact this is typical behavior for individuals of this age. However, if a 16-year-old boy hits a 5-year-old child in the eye causing a black eye at a county board, this would be considered a P2P MUI, as it is not typical behavior for a 16-year-old.

**QUESTION:** Would we file a Peer-to-Peer theft MUI if one peer broke another peer's television?

**ANSWER:** When determining if the incident rose to the level of a Peer-to-Peer Theft MUI, we would consider if the act was intentional (broke the television with the intent to deprive or defraud the peer) and if the item broken had a value of \$20 or more or was of significant value. This should clarify that property destruction being covered in plan does not mean to not file.

### **Misappropriation and Exploitation:**

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**QUESTION:** What is the difference between Misappropriation and Exploitation?

**ANSWER:** Any type of theft, even if the individual does not incur debt, is considered theft and a Misappropriation MUI should be filed. Exploitation is when the individual is taken advantage of. Examples include; if the individual is working for free, giving his money to friends who only visit when they need money. Please review the Interpretive Guidelines for further clarification.

**QUESTION:** Why do we need to report Exploitation to Law Enforcement?

**ANSWER:** You should only notify law enforcement in cases of Exploitation when a Criminal Act or Unlawful Act was committed.

**QUESTION:** Are you required to notify law enforcement for an allegation of Misappropriation (or another incident that is criminal if the individual and/or guardian does not want the police notified?

**ANSWER:** Yes, The MUI Rule requires LE to be notified when the incident is criminal in nature.

**QUESTION:** How should CBs handle recommending a MUI for closure for a criminal Misappropriation case when there has not been reimbursement made? Often times, the case is still active through the courts and LE states not to have the PPI to make reimbursement until the court case is finalized.

**ANSWER:** If the PPI worked for a provider, the Personal Funds rule has language explaining the providers responsibilities to reimburse an individual when the provider or staff of the provider is found to have misappropriated from the individual. The individual should not have to wait for reimbursement. The provider is welcome to arrange being reimbursed by the PPI, but the individual should be made whole as soon as the investigation is concluded.

### **Law Enforcement:**

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**QUESTION:** Should you file a MUI if an individual reports they were arrested, but were not being served at the time and they do not want the county board to be involved?

**ANSWER:** Yes, if the individual is stating they do not want any help or assistance the county board can respect that and not interview the individual, but a MUI needs to be filed regardless of whether the individual was receiving services at the time of the arrest. Anytime an individual is charged, incarcerated, or arrested a law enforcement MUI is filed.

**QUESTION:** Would you file a Law Enforcement MUI if an individual is cited for jaywalking or receives a speeding ticket?

**ANSWER:** No, these would be considered unusual incidents. For questions, please consult your Regional Manager.

**QUESTION:** What if the IA's findings differ from LE?

**ANSWER:** Sometimes the disposition of law enforcement may be different from the IA's disposition. The required substantiation for a MUI is preponderance (more than 51%). As the threshold for criminal cases is different, there may be a difference in disposition, and this should be noted in the report. In all cases, if LE are involved, the report should clearly state what actions LE took and the status of their involvement, at the time the case was recommended to be closed in Ohio ITMS.

**QUESTION:** Could you please advise when it is appropriate to close a Law Enforcement MUI when a person is incarcerated?

**ANSWER:** Law Enforcement MUIs can be left open, with approved extensions, while the individual is still incarcerated. However, if an individual has been released, the prevention plan should be implemented, and the MUI recommended for closure.

### **Unanticipated Hospitalization:**

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**QUESTION:** If there is a concern regarding Neglect related to a hospital admission, how should this be filed?

**ANSWER:** You would file one MUI for an individual with two categories, Unanticipated Hospitalization and Neglect.

**QUESTION:** How will the number of days hospitalized be counted? Will the day of admission be counted as day one and the day of release as the last?

**ANSWER:** Yes, we will consider the day of admission as first day and the day of release as the last day. For example, if Jane was hospitalized on Friday morning and released the following Monday evening, the length of her hospital stay would be 4 days long.

**QUESTION:** How would you count hospital days in a case when individuals are hospitalized multiple times for the same issue and in the same MUI investigation?

**ANSWER:** If a second hospitalization occurs for the same reasons as the first hospitalization, the county board can address the second hospitalization in the first MUI without filing a second one. We recommend when this does occur, that the county board include an interim report into OhioITMS indicating the individual was re-hospitalized and include the date and reasons of the hospitalization, which again should be the same as the first hospitalization. Please contact your Regional Manager if an extension is required. We require the IA to consider Neglect in these situations while ensuring all the required medical follow-up, medications, etc., were given from the first hospital discharge. Even though it will be filed as one MUI, we recommend a new form be completed for each hospital stay as the discharge summary will be slightly different. Please add the total days in hospital but be sure to note in the report the length of each hospital stay.

**QUESTION:** Would you file an Unanticipated Hospitalization if an individual was at their doctor's office and the doctor directed them to be taken by squad or staff to the emergency room and they are then admitted?

**ANSWER:** Yes, as this was not a planned hospitalization, an Unanticipated Hospitalization MUI should be filed.

**QUESTION:** Would you file an Unanticipated Hospitalization if an individual had a scheduled outpatient surgery and the doctor determined that the individual should be admitted to the hospital for precautionary measures?

**ANSWER:** Yes, as this was not a planned hospitalization, an Unanticipated Hospitalization MUI should be filed.

**QUESTION:** Am I required to file a MUI (Unanticipated Hospitalization, Significant Injury, etc.) for someone who is hospitalized after swallowing an object, if they have history of swallowing objects and it is written in their plan?

**ANSWER:** Yes, A provider, county board and DC, should be reporting all hospitalizations due to consuming objects regardless of if this is outlined in someone's plan. Each and every incident should be treated seriously and can be life threatening. The investigation can determine if there were concerns for neglect.

**QUESTION:** Can you include information about a chronic medical condition such as a seizure disorder in a person's service plan and not be required to file a MUI?

**ANSWER:** Yes, a chronic medical condition such as a seizure disorder can be covered in someone's plan as long as it details the personal illness, symptoms, treatment, etc. One example: The individual plan should include the specific symptoms and criteria for hospitalizations. For example, Jane was diagnosed with a seizure disorder in 1995 and prescribed medication to control the severity and duration of these seizures. Even with medication, Jane averages 8-9 Grand-Mal seizures per month. Signs of seizure activity for Jane include unconscious, convulsions and muscle rigidity. DSP will need to ensure Jane's safety during these times and providing ongoing support. Per Jane's Neurologist, any seizure lasting more than 5 minutes will require Diastat to be continued administered by certified DSP and 911 to be called. If Jane is hospitalized for observation/treatment of seizure disorder and not for other injuries/illness or in cases of Suspected Neglect

(family or DSP), a MUI will not need to be filed, as this is part of Jane's routine medical care. All seizure related activities should be documented in the Medication Administration Record and Seizure Activity Log and shared with Jane's Neurologist.

**QUESTION:** Would you write an incident report when someone goes to the hospital for a chronic medical condition that is outlined in their service plan?

**ANSWER:** Yes, it is the best practice to write an incident report, include on the unusual incident log and review for patterns and trends.

**QUESTION:** Can you cover Psychiatric Hospitalizations due to mental illness in a person's plan and not be required to file a MUI?

**ANSWER:** Yes, this can be covered in someone's plan as long as it details the personal illness, symptoms, treatment, etc. For example, in the last year Jimmy was admitted to the Psychiatric Hospital 7 times due to Schizophrenia. Jimmy was diagnosed with Schizophrenia at 21 years of age and manages it with counseling, family support and medication. However, multiple times a year (typically in the Fall), Jimmy displays more symptoms including hallucinations, a decline in his personal hygiene, refusal to take his medications and increased agitation. Jimmy's team helps him by communicating with his service providers. If Jimmy is displaying these symptoms, his psychiatrist will be notified to discuss treatment options including hospitalization.

**QUESTION:** If a person is hospitalized and released and re-hospitalized for same reason and the first Unanticipated Hospitalization is open and with 30 days, do you have to file the second hospitalization?

**ANSWER:** No, as long as they are for the same reason and within 30 days and initial MUI is open. You can complete another Appendix C: Unanticipated Hospitalization form documenting both admissions.

**QUESTIONS:** Would you file an Unanticipated Hospitalization MUI if someone is admitted to a Detox Center?

**ANSWER:** No, it is not required that to file Unanticipated Hospitalization for admission to a detox program.

**QUESTION:** If an individual is admitted to a detox facility due to alcohol/drug use and receives services to address alcohol dependency/withdrawal which would be medically supervised (much like Maryhaven or Parkside in Columbus), is this consider as an Unanticipated Hospitalization?

**ANSWER:** No, an UHS filing is not required for detox programs.

### **Medical Emergency:**

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**QUESTION:** Would you file a Medical Emergency if an individual is seen at the ER for j/g tube replacement/correction but never admitted?

**ANSWER:** No, you would not file a MUI. We would ask that an incident report be completed, and an UI investigation done. We also want to make sure this incident is included on the UI log, to be tracked for patterns and trends. However, if the person is hospitalized due to tube placement, an Unanticipated Hospitalization should be filed.

**QUESTION:** Can the use of Diastat be covered in a person's service plan?

**ANSWER:** Yes, but the use of Diastat is generally considered a lifesaving intervention and would prompt a MUI be filed for Medical Emergency, unless it clearly identified and covered in an individual's plan. Since the use of Diastat is so common for individuals, we have allowed it to be covered in an ISP. If the use of Diastat is covered

in the plan, it being administered is not a MUI for Medical Emergency.

**QUESTIONS:** Would you consider administering Glucagon for a diabetic as Medical Emergency?

**ANSWER:** No, we would not consider this as a Medical Emergency.

**QUESTION:** Is administration of Nitroglycerin considered a Medical Emergency MUI?

**ANSWER:** No, if an Individual has been prescribed this medication based on possibly a heart condition/coronary artery disease, etc., we would not consider this as a lifesaving measure. As a vasodilator, it improves blood flow to the heart and relieves the chest pain and no additional intervention may be warranted. We believe if the individual is prescribed this medication, it is a great idea the plan addresses whether this is a routine medication or PRN. If it is PRN, the plan should address how staff are to respond when the Individual experiences chest pain. If an individual has not been prescribed this medication and presents with chest pains and is taken to the ER and hospital medical staff administer Nitro based on the diagnosis, we feel this is a lifesaving measure, but would not be filed as a MUI based upon the administering of the Nitro being provided by the hospital or EMS staff. Medical Emergency MUI's are incidents which occur in a program operated by a county board or when the individual is being served by a licensed or certified provider. We would expect these situations to be addressed through the UI process and the cause and contributing factors and prevention planning thoroughly addressed.

**QUESTION:** Is it a MUI if an individual has an object stuck in their throat, is able to breathe, but the ER has to suction the object out?

**ANSWER:** No, if suctioning is completed by hospital/EMT staff, this would not be a Medical Emergency. If the individual is later admitted to the hospital, a hospital admission should be filed. A Medical Emergency is filed when a life saving measure is performed by a DODD licensed or certified staff.

### **Neglect:**

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**QUESTION:** When do you file Neglect for a medication error? If a DSP gives another individual's medicine to his roommate by mistake, would this be Neglect?

**ANSWER:** You would file Neglect if there was a duty, failing to provide goods and treatment, and there was a risk to health and welfare. The prescribing physician/medical professional can be contacted to see if there is a risk based on the medication given and/or interference of the wrong med given with current medication the person is on. Another example of when a Neglect MUI would be filed would be if the DSP did not administer an individual's diuretic medication for 5 days and the individual's feet became very swollen and painful. The individual was taken to the emergency room for treatment.

**QUESTION:** If law enforcement or CSB is the lead, and the investigation is delayed, can we request an extension?

**ANSWER:** As law enforcement and other entities are challenged too, we may see an increased delay in responding to information for criminal cases. Please continue to document your attempts and provide updates on these cases and request extensions as needed. When requesting the extension, please include the last date of contact with LE as well as the status of their investigation, and how the CB is ensuring the health and welfare of the individual while the case is ongoing. We will be more flexible with extensions and other rule- related time frames during this time period. IAs should document in the final report if any timelines were unable to be met and why.



**QUESTION:** In the MUI definition of Missing Individual, it states a Missing Individual means the incident is not considered Neglect. Can you explain why we are being told to include Neglect if Neglect is suspected, alleged or occurred that resulted in the individual becoming missing?

**ANSWER:** Missing Individuals, where there is Suspected Neglect, should be filed as one MUI with Missing Individual and Neglect listed as the categories. We understand that this seems contrary, but the rule was written when each MUI was filed separately and does not account that now both categories are filed in the same MUI. It is possible that Neglect led to the opportunity of the individual becoming missing and we need to capture all categories to have a complete prevention plan as possible.

### COVID-19 Related UIs and MUIs

**QUESTION:** Can you provide some guidance regarding different COVID-19 scenarios and whether they are a MUI or Unusual Incident (UI)?

**ANSWER:** Yes, below we have included the most common situations we have seen related to hospitalizations.

	Scenario	MUI	UI
1	Person goes to hospital (who is receiving services) while exhibiting respiratory issues, fever, etc. and is admitted. If it is believed the hospitalization is COVID related, please enter the information in the COVID tab.	X	
2	For any Unanticipated Hospitalization that is filed, the COVID tab must be completed.	X	
3	Person, with chronic seizure disorder outlined in their plan, is hospitalized with difficulty breathing and fever (or any other condition that is not specifically addressed in plan per MUI rule). This would require a MUI filing and completion of the COVID tab.	X	
4	Person goes to hospital for chronic condition that is in their plan and they are not tested for COVID-19 but have symptoms.		X
5	Person goes to ER and sent home without being admitted. The test results are positive, but they were never admitted.		X
6	Person goes to ER and sent home without being admitted. The test results are negative, but they were never admitted.		X
7	Person is showing symptoms and calls doctor and are told to self-quarantine for 14 days (no test administered)		X
8	Person goes to ER with symptoms, but they are not tested because they don't have test, or they don't fall in a certain criterion. They are sent home to self-quarantine.		X

**QUESTION:** When are cases involving COVID-19 filed?

**ANSWER:** You only need to enter cases of COVID-19 if they are associated with an Unanticipated Hospitalization and/or Death of a Person receiving services. Please utilize the dropdowns in the Ohio Incident Tracking and Monitoring System (OhioITMS), under these categories labeled "COVID-19." When entering the initial reports and immediate actions please include the person's living situation (as this is sometimes different than the individual tab). Also enter what precautions are being taken to protect the person and others

impacted, including infection control procedures, monitoring of symptoms, and use of protective equipment, etc.

## Findings and PPI Information

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**QUESTION:** What are the different finding levels for a MUI investigation?

**ANSWER:** Findings in protocol investigation shall be based upon a preponderance of the evidence standard. "Preponderance of evidence" means that credible evidence indicates it is more probable than not that the incident occurred. There are three possible findings of a protocol investigation as listed below.

- "Substantiated" means there is a preponderance of evidence that the alleged incident occurred;
- "Unsubstantiated/Insufficient evidence" means there is insufficient evidence to substantiate the allegation. "Insufficient evidence" means there is no preponderance of evidence to support the allegation or there is conflicting evidence that is inconclusive; or
- "Unsubstantiated/Unfounded" means the allegations are unfounded. "Unfounded" means evidence supports a finding that the alleged incident did not or could not have occurred.

**QUESTION:** What are the standards required for Abuser Registry?

**ANSWER:** For the Abuser Registry, the standard that must be met is Clear and Convincing. Clear and Convincing Evidence is evidence that is precise, explicit, lacking in confusion, and of such weight it produces a firm belief or conviction without hesitation about the matter in issue. It is substantially more probable to be true than untrue (Ohio Abuser Registry ORC 5123.51).

**QUESTION:** Why is it required to enter a date of birth for the PPI, even if the MUI is not substantiated.

**ANSWER:** It is important to include this information as we have some identifying information when reviewing cases. This information is helpful when reviewing cases that may have the same PPI.

## Unusual Incidents:

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**QUESTION:** Is there a time frame for the completion of Unusual Incident investigations?

**ANSWER:** Best practice would be to complete the UI investigation within 10 business days of the incident. The rule does not identify a specific timeframe for UI completion.

**QUESTION:** What does DODD expect from providers when completing a UI Investigation?

**ANSWER:** For incidents that meet the UI Definition, DODD would like to see a good explanation of the incident with immediate actions. The investigation should include antecedents, cause and contributing factors, as well as sound preventive measures. The investigation should identify trends or a history of previous incidents similar to the one being investigated.

**QUESTION:** Do guardians have to be notified of UI's?

**ANSWER:** We believe it is the best practice for guardians to be notified of usual incidents. Each provider agency (including county boards) should have a policy identifying what is to be reported and to whom. It is also recommended the notifications be addressed in team meetings and addressed in ISP/IEP's.

**QUESTION:** Are you required to write an incident for falls if a person falls frequently?

**ANSWER:** Yes, falls that do not rise to the level of a MUI would require an incident report be written, an

investigation be completed, and included on the UI log for patterns and trends.

**QUESTION:** Are you required to write an unusual incident when someone goes to the urgent care/ER for a chronic a medical condition that is addressed in their plan?

**ANSWER:** Yes, the unusual incident definition requires an incident report and unusual incident investigation for all events listed in the unusual incident including ER and urgent care visits.

**QUESTIONS:** Do county boards have to maintain UI logs for SSAs?

**ANSWER:** No, county boards are not required to complete UI logs for SSA services. We believe it is best practice to have a UI log system for county board employees who may observe, suspect, or become aware of a MUI allegation. Often these county board employees may be the SSA, job coach, QA staff or other county board administration personnel. This system would not only encourage the practice of writing incident reports for incidents but maintaining them on logs and reviewing for patterns and trends. County boards are required to maintain UI logs for any county board operated programs (schools, intermediate care facilities).

### **UI Logs and Analysis:**

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**QUESTION:** Is a provider required to maintain a UI log and review each month even if they have had no unusual incidents?

**ANSWER:** Yes, providers are required to keep a log each month and be prepared to submit it to the county board each month and department upon request. The log should be completed with zero incidents listed. This assures that the UI log review has occurred, and a system is in place.

**QUESTION:** What can we do about providers who refuse to do UI logs or provide analysis correctly?

**ANSWER:** We recommend you provide them with resources from the DODD Health and Safety Tool Kit. All attempts need to be documented. We also recommend you contact your Regional Manager.

**QUESTION:** What does a representative sampling mean when the county board is asking providers for UI logs?

**ANSWER:** There is not a required number of UI logs needing to be reviewed. However, we ask each county to consider the size of the provider, the array of services they provide, and other factors when determining how many UI logs to request. The county board should inform the providers what information they are requesting and at what frequency. Since the revised rule states, they only need to review provider logs quarterly this may be the rule of thumb.

**QUESTION:** Are providers required to complete an Annual Review if you have no MUIs for that year.

**ANSWER:** Yes, providers are required to conduct an annual review and document that review. The annual review should include a three-year comparison of MUI categories. If the provider has no MUIs during this time period, they should sign and date their review.

**QUESTION:** What is considered a trend when reviewing the Unusual Incident Log and what is expected of a provider when a trend is identified during the review?

**ANSWER:** A provider and team can make the decision on what constitutes a trend based on the risk to the health and welfare of an individual. The MUI Unit has suggested that a UI trend is three same or similar incidents in a week or five same or similar in a month. When a trend is found the MUI rule dictates the trend is addressed in the ISP of the individual. In order for this to occur, it is best practice that the provider contacts the

SSA for the individual, so this trend and the preventive measures can be included in the ISP.

**QUESTION:** Who is required to do an Annual Analysis?

**ANSWER:** Providers, including county boards as providers, licensed and certified independent and agency providers are required to complete annual analysis reports. We have allowed for a few exceptions for those providers who may provide one type of specialized service and does not include homemaker personal care. An exempt provider may include one that does payee services only, home modification or meal delivery. These providers are still required to meet all the reporting requirements.

## **Training**

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**QUESTION:** Do you have to have initial MUI training prior to direct contact?

**ANSWER:** Yes, if you are in a direct service position, you must have the training prior to direct contact.

**QUESTION:** Do you train DSP on health and welfare alerts by the calendar year or from the date they were last trained?

**ANSWER:** It is up to you how you schedule your annual MUI and Alerts training. It is only required you cover each of the alerts that were issued since your last training.

**QUESTION:** Are Remote Support Providers (if only service offered) required to have trained DSP on MUIs?

**ANSWER:** Yes.

**QUESTION:** Are the county board and provider board members required to be trained under this rule?

**ANSWER:** Yes

**QUESTION:** Do board members need trained annually?

**ANSWER:** Yes